

APPLICATION WISCONSIN FOREIGN LABOR CERTIFICATION Prevailing Wage Determination

- **Submit** completed request form via mail; fax or e-mail to: Department of Workforce Development ; Foreign Labor Certification; 201 East Washington Avenue; Room G100; Madison WI 53702
- **FAX** to: 608 - 261-8506
- E-Mail to caroljoy.schmitt@dwd.state.wi.us
- The information provided is to be used to complete the Application for Permanent Employment Certification Form ETA 9089 or temporary form 750a, as appropriate. The employer is not required to submit this form with the application, but required to retain the document for a period of five years.

Requester and Employer Name (Full Name of Organizations)				Requester Telephone & FAX No.	
<u>Requester</u>		<u>Employer</u>		PHONE ()	
				FAX ()	
<u>Requester Mailing Address</u>			<u>Nature of Employer's Business Activity</u>		
City & State Where Alien Will Work		Job Title	Total Hours Per Week <u>Basic</u> <u>Overtime</u>		Work Schedule _____ AM _____ PM
Will Alien Supervise/ Lead Employees?					
Fully Describe Job Duties -- include lead worker/supervisory duties when applicable					
Detail the MINIMUM education, training and experience required for a worker to satisfactorily perform the job duties described.					
EDUCATION					
Grade School		High School	College/ Univ.	Specify College Degree & Major Field of Study Requirements	
Years		Years	Years		
FORMAL TRAINING					
Other Requirements (Licenses, Certificates, Languages, etc.)		Years Months		Type of Training	
EXPERIENCE					
Job Offered		and/ or Related Occupation		Specify Related Occupation	
Years Months		Years Months			
PREVAILING WAGE (COMPLETED BY ALC UNIT)					

This Prevailing wage is valid for filing applications and attestations for 180 days from the date of the determination.

Analyst Signature	Determination Date
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